

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR NAVY CONTRACT POSITIONS  
ISSUE DATE: 18 JUL 01

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 22 AUG 01. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND  
1681 NELSON STREET, CODE 02, CLAUDIA ADDISON, CA-09-01  
FORT DETRICK, MD 21702-9203  
Ph: 301-619-7467

A. NOTICE. This position is set aside for individual Radiologists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. RADIOLOGIST. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands and has completed a residency program in radiology. This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

You shall serve as a Radiologist in the Radiology Department located in the Naval Hospital, Charleston, SC.

WEEKDAY SERVICES: You shall normally provide services Monday through Friday for an 8.0 hour shift (to include an uncompensated .5 hour for lunch) between the hours of 0730 to 1630. Your specific schedule for each 1-week period will be scheduled two weeks in advance by the Department Head. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other medical duties. Evening and night pager "on call" duties shall be rendered on an equal basis with the Navy radiologists on staff at NHC.

WEEKEND SERVICES: ON-CALL SERVICES: In addition to the services required above, on-call services shall also be required. These services shall be provided on a rotational schedule with other staff radiologists and shall be required approximately every other weekend. You shall be assigned a beeper to facilitate provision of these services. You are responsible for replacement costs if the beeper is lost or damaged through negligence. On-call services begin at the end of the normal workday (1600) during the workweek, and to continue until commencement of the following workday (0730). Friday call coverage begins at the close of the workday Friday until approximately 0730 on Saturday. Saturday and Sunday or weekday holiday coverage begins at 0730 and continues until 0730 the following day. Historical data indicates that the radiologist on call has not had to actually come into the facility to respond to a page in over one year. Calls generated while on-call generally concern patient care, but occasionally a late afternoon emergent or urgent case may require that you to stay later than normal working hours, on your on-call day, for interpretation of that specific exam. This late stay on your on-call day would be considered part of your normal duties. Again, historical records over the last year indicate that this has only happened on one occasion, and that particular exam was complete at 1605 and was interpreted by 1615 hours, your hours may vary.

In the future a lap top computer, or other electronic imaging device, may be provided at government expense, to be used while on-call for the interpretation of late night and after hours on-call exams. This digital transmission capability is not currently in place. If this digital capability should become available you will be given instructions on its use, and one month's notice prior to its implementation for on-call use. If in place, multiple digital images would be transmitted to you from this or other military treatment facilities (MTFs). If contacted by the MTF while on-call you will be required to respond by telephone within 30 minutes to the military treatment facility (MTF).

You are responsible for replacement costs if a lap top computer, or any computer placed in your charge, is lost or damaged through negligence, or noncompliance with operating instructions.

On-call duties may be traded with other Radiologist(s) on staff in the MTF, however any changes to the on-call schedule must be relayed to the command duty desk, so that in the event of a Radiology consultation the command knows exactly who is on-call. No changes shall be made to the on-call schedule without permission of the Radiology department head, or his designated "Acting Radiology Department Head". If there is no designated "Acting Radiology Department Head" all schedule changes shall be approved by the Director of Ancillary Services (DAS) or the designate of the DAS.

It is the responsibility of each Radiologist on staff at the MTF to check the on-call schedule each work day to ensure their exact call schedule. It is the responsibility of the Radiology department head to create and approve the on-call schedule and to ensure that it is distributed to all hospital personnel, and that it is displayed in the Radiology reading room.

On-call duties may be traded only with other Radiologist(s) currently on staff, or temporarily assigned, and credentialed at the MTF, or as directed by the Department Head.

You shall accrue eight hours of personal leave per 80 hour period worked. Personal leave shall be used for absences due to both sickness and planned vacations. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, Presidents' Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

## II. Statement of Work

A. The use of "Commanding Officer" means Commanding Officer, Naval Hospital, Charleston, SC, or designated representative, e.g., Technical Liaison or Department Head.

B. Suits arising out of Medical Malpractice. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. You shall perform a full range of Radiology services on site in the Radiology Department using government furnished supplies, facilities, and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

All imaging studies, whether generated in the Naval Hospital, at the branch clinics, or performed at an outside institution and submitted for interpretation will be interpreted as if it were generated at the Naval Hospital. For these studies, branch clinic and outside exams, a report will be generated in the standard fashion by the contractor or the Navy Radiologists on staff.

Normally administrative duties of the Navy Radiologist(s) will at times necessitate an unequal distribution of work, with the majority of the film interpretation duties going to the contractor. The Navy Radiologist(s) will strive to ensure that this disparity of workload in image interpretation is kept to a minimum necessary to perform these administrative tasks. Workload will be adjusted by the Radiology Department head at times the Navy Radiologist(s) are absent from the command due to illness, leave, or TAD. This adjustment will be made to ensure a close approximation of the normal workload of the contractor. However, there may be unexpected absences of the Navy Radiologists, due to illness, or needs of the Navy that necessitate a temporary increase in workload by the contractor, this also should be considered a part of normal operation within the department.

#### Administrative and Training Requirements

1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students, residents in radiology) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to Government and professional clinical standards and accepted clinical protocol.
2. Perform necessary administrative duties that include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.
3. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.
4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.
5. Participate in the implementation of the Family Advocacy Program as directed.
6. Perform necessary administrative duties that include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

#### SPECIFIC DUTIES/RESPONSIBILITIES OF RADIOLOGISTS ARE AS FOLLOWS:

1. Perform a full range of Radiology services on-site using Government-furnished supplies, facilities, and equipment. Productivity is expected to be comparable with that of other contracted individuals performing similar services.
2. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities; the regulations and standards of medical practice of the MTF; and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery, and local Clinic instructions and notices that may be in effect during the term of the contract.
3. Provide a full range of Radiology procedures as identified in Attachment #1. Diagnose, treat, and counsel patients as indicated.
4. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.
5. Supervise and teach other medical staff and provide educational lectures and participate in the provision of in-service training to clinic staff members. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol.
6. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

7. Demonstrate awareness and sensitivity to patient's/significant others' rights, as identified within the institution.
8. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
9. Participate in peer review and performance improvement activities.
10. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
11. Complete continuing education to meet own professional growth and specialty standards.
12. Participate in peer review and performance improvement activities.
13. Credentials and Privileging. Upon award, you shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at: <http://www-nmlc.med.navy.mil/code02/contractorinfo.htm>. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
2. Have graduated from a residency training program in Diagnostic Radiology approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.
3. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
4. Board certification in Diagnostic Radiology by the American Board of Radiology (ABR) or by the American Osteopathic Board of Radiology (AOBR).
5. Meet all requirements set forth by the FDA in 21 CFR Part 900 to be qualified to read mammograms in accordance with the Mammography Quality Standards Act (MQSA), to include having read a minimum of 960 mammograms within the preceding 2 years.
6. Be eligible for U.S. employment. Provide copies of supporting documentation per Attachment IV.
7. Provide two letters of recommendation from practicing radiologists, written within the last 2 years, attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

8. Represent an acceptable malpractice risk to the Navy.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Statement" and Letters of Recommendation will be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein, then,
2. The letters of recommendation required in item D.7., above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc., then,
3. Prior experience as a radiologist in a DoD medical facility, then,
4. Total Continuing Education hours.

F. Instructions for Completing the Application. To be qualified for this contract position, you must submit the following:

1. \_\_\_\_\_ Three copies of a completed, "Application for Navy Contract Positions" (Attachment II)
2. \_\_\_\_\_ One copy of a completed Pricing Sheet (Attachment III)
3. \_\_\_\_\_ Three copies each of two letters of recommendations per paragraph D.7. above.
4. \_\_\_\_\_ Three copies each of proof of employment eligibility documentation per Attachment IV.
5. \_\_\_\_\_ Central Contractor Registration Confirmation Sheet (Attachment V)
6. \_\_\_\_\_ Small Business Representation (Attachment VI)

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment V to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

Every item on the Application for Navy Contract Positions must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

The information you provide will be used to determine your acceptability based on Sections D. and E. of the "Application for Navy Contracting Positions."

After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information the following actions may occur: (a) your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts and/or (b) You may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners databank.

A complete, sample contract is available upon request.

Any questions must be directed to Claudia Addison who may be reached at ckaddison@us.med.navy.mil by fax at (301) 619-6793 or by telephone at (301) 619-7467.

We look forward to receiving your application.

### Diagnostic Radiology Procedures

Consultation, diagnostic workup planning, radiation monitoring, performing and interpreting the following procedures:

- Routine radiographic studies including the chest, abdomen, extremities, head and neck
- Fluoroscopic procedures of the gastrointestinal tract; e.g. barium swallow, enteroclysis, upper gastrointestinal series, small bowel follow through, air contrast, and solid column barium enemas
- Radiologic procedures of the genitourinary tract; e.g. intravenous pyelogram, voiding cystourethrogram, hysterosalpingogram, nephrostogram,
- Radiologic procedures on the musculoskeletal system; e.g. arthrograms of all types
- Supervising the performance and interpreting of results of screening, indicated or diagnostic mammograms, including needle localization of any masses found
- Ultrasound procedures of: the obstetrical patient and her fetus, the female pelvis, the abdomen including kidneys, liver, spleen, biliary tract, gall bladder, pancreas, the thyroid, the chest for effusion, and the scrotum
- Advanced ultrasound, procedures of: Endovaginal ultrasound, Doppler imaging of veins and arteries, e.g., carotid neurosonology
- Routine Magnetic Resonance Imaging (MRI) for head, spine, body and major joints, e.g., shoulder, knee, ankle, etc.

\*\*These procedures require the concurrent approval of the Radiation Safety and Radioisotope Committee following applicable NRC regulations.

### Supplemental Procedures

- Supervising the performance of and interpreting computed tomographic studies for the head, spine, and body
- Advanced Ultrasound studies:
  - Endorectal imaging
- Magnetic Resonance Imaging:
  - Intracranial imaging
  - Spinal cord imaging
  - Spinal canal imaging
  - Chest and heart imaging
  - Abdominal and pelvic imaging
  - Musculoskeletal imaging; e.g. shoulders, knees, ankles, and elbows.

### Advanced neuroradiological procedures:

- Cervical myelography via C2 puncture
- Intra-cranial arterial catheterization or embolization

### Advanced interventional procedures

- Guided Biopsies using fluoroscopy, computerized tomography, or ultrasound of deep solid masses or organs
- Pulmonary biopsies
- Puncture and drainage of fluid collection and abscesses

## APPLICATION FOR NAVY CONTRACT POSITIONS

### A. General Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
                     Last                      First                      Middle

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### B. Medical Information

YES      NO

1. Do you have any physical handicap or condition that could limit your clinical practice?

\_\_\_\_\_

2. Have you been hospitalized for any reason during the past 5 years?

\_\_\_\_\_

3. Are you currently receiving or have you ever received formal mental health therapy?

\_\_\_\_\_

4. Do you currently have, or in the past have you ever had, an alcohol dependency?

\_\_\_\_\_

5. Are you currently receiving, or have you in the past ever received, therapy for any alcohol related problem?

\_\_\_\_\_

6. Have you ever been unlawfully involved in the use of controlled substances?

\_\_\_\_\_

7. Are you currently receiving, or have you in the past ever received, therapy for any drug-related condition?

\_\_\_\_\_

C. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. You must acknowledge this requirement by signing below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



## II. PROFESSIONAL

### A. Advanced Education.

#### 1. Medical School:

a. Name of Accredited School \_\_\_\_\_ Date of Training  
(From) (To)  
\_\_\_\_\_

b. Type of Degree: \_\_\_\_\_

c. Location and Address of School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Name of Accredited School: \_\_\_\_\_ Date of Training  
(From) (To)  
\_\_\_\_\_

e. Type of Degree: \_\_\_\_\_

f. Location and Address of School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Additional Education:

a. Name of Accredited School: \_\_\_\_\_ Date of Training  
(From) (To)  
\_\_\_\_\_

b. Type of Degree: \_\_\_\_\_

c. Location and Address of School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Additional Education (continued):

d. Name of Accredited School:

Date of Training  
(From) (To)

e. Type of Degree: \_\_\_\_\_

f. Location and Address of School:

### 3. Continuing Education:

Title of Course

From

To

CE Hours

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

4. Certifications

	YES	NO
BLS Level C	_____	_____
Expiration Date: _____		
NRP	_____	_____
Expiration Date: _____		
ACLS	_____	_____
Expiration Date: _____		
ATLS	_____	_____
Expiration Date: _____		
Other:	_____	_____
Expiration Date: _____		

B. Professional Employment. List your current and preceding employers for the past 5 years:

1. Name and Address of Present Employer(s):

From: \_\_\_\_\_ To: \_\_\_\_\_

- a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name and Address of Preceding Employers for the last 5 years:

- a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

3. Name and Address of Preceding Employers for the last 5 years (continued):

- b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

e. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

f. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

g. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

4. List military experience providing medical services:

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_



D. Practice Information:

	Yes	No
1. Have you ever been the subject of a malpractice claim?	_____	_____
2. Have you ever been a defendant in a felony or misdemeanor case?	_____	_____
3. Have you ever had your professional license revoked?	_____	_____
4. Have you ever voluntarily surrendered your professional license?	_____	_____

If any of the above is answered "yes" attach an explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above. List the issuing State of the revocation/voluntary surrender for numbers 3 and 4 above.

E. Licensure (to include all medical licenses held)

1. License Number	State	Date of Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

  

2. Drug Enforcement Number	State	Date of Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Enhancing Factors

Those items that may enhance the ranking of a candidate, as described in the cover memorandum, shall be attached to this application. This includes letters of recommendation and other such documentation.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the above information is requested for use in the consideration of a contract. Disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Pricing Sheet

PERIOD OF PERFORMANCE

Services are required from 5 November 2001 through 30 September 2001. Five option periods will be included which will extend services through 30 September 2006, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may consider inflating the price in each or any option period. The Government will neither award a contract that is too high nor too low. Your price should be enough to sustain you; however, it should not be out of line with prices of other radiologists in the Charleston, SC area. **Please note that if you are awarded this contract, you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any amount for taxes. Your proposed prices should contain the amount you will pay in taxes. In addition, before commencing work under this contract the health care worker shall obtain the following required levels of insurance at his or her own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage. The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluations.

Multiply the "Unit Price" by the "Quantity", entering the total in the "Total Amount" column. Add all Total Amount line items and enter the total on the "Total Contract Line Item Number 0001" line.

Check all math to assure that your computations are accurate.

<u>Contract Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The health care worker agrees to perform, on behalf of the Government, the duties of one (1) Radiologist in support of the Naval Hospital Charleston, SC in accordance with this application and the resulting contract.				
0001AA	Base Period; 5 Nov 01 through 30 Sep 01	1888	Hrs	_____	_____
0001AB	Option Period I; 1 Oct 01 through 30 Sep 02	2088	Hrs	_____	_____
0001AC	Option Period II; 1 Oct 02 through 30 Sep 03	2088	Hrs	_____	_____
0001AD	Option Period III; 1 Oct 03 through 30 Sep 04	2096	Hrs	_____	_____
0001AE	Option Period IV; 1 Oct 04 through 30 Sep 05	2088	Hrs	_____	_____
0001AF	Option Period V; 1 Oct 05 through 30 Sep 06	2080	Hrs	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**LISTS OF ACCEPTABLE DOCUMENTS  
SUBMIT ONE FROM LIST A  
LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

**OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**

**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

**For persons under age 18 who are unable to present a document listed above;**

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

**LIST C**

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).



**CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred and takes approximately 48 hours if the application is complete and accurate. The Web address is <http://www.ccr2000.com/howto.html>. Paper registrations are not encouraged, however if you do not have internet access, please contact the CCR Registration Assistance Center at (888) 227-2423 to obtain a form and instructions. Registrations received by mail or fax may take up to 30 days to process.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>

When you have done this, please mail or fax "**THIS COMPLETED CONFIRMATION SHEET**" with your application package to:

Naval Medical Logistics Command  
1681 Nelson Street, Code 02, Ms. Claudia Addison  
Fort Detrick, MD 21702-9203  
FAX (301) 619-6793

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date CCR Form was submitted:** \_\_\_\_\_

**Assigned DUN & BRADSTREET #:** \_\_\_\_\_

## SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in your original application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

### Section A.

- (     ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.  
(     ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

### Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- \_\_\_ Black American.  
\_\_\_ Hispanic American.  
\_\_\_ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).  
\_\_\_ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).  
\_\_\_ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

CONTRACT NUMBER: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_